

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

2 4 - 0 6

2. STATE:

New York3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

January 1, 1999TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.205

7. FEDERAL BUDGET IMPACT:

a. FFY 1998-1999 \$ (355,309)b. FFY 1999-2000 \$ (426,371)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-A Part 1 Pages 250,2519. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):Attachment 4.19-A Part 1 Page 250No previous page Attachment 4.19-A Part 1
page 251

10. SUBJECT OF AMENDMENT:

Inpatient Hospital Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Dennis P. Whalen

14. TITLE:

Executive Deputy Commissioner

15. DATE SUBMITTED:

March 31, 1999

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

17. DATE RECEIVED:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/99

21. TYPED NAME:

Sue Kelly22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

23. REMARKS:

Effective July 1, 1996 through December 31, 1998, enhancements to the Medicaid reimbursement rates of three hospitals in the western part of New York State will be provided to enable them to study and analyze several issues pertaining to the care of patients who have multiple impairments or patterns of behavior that are manageable but potentially disruptive to the facility. Hospitals have been constrained in formulating discharge planning approaches which will promote appropriate placement of these individuals. The three hospitals, Strong Memorial Hospital (Rochester), Park Ridge Hospital (Rochester), and Soldiers & Sailors Hospital (Penn Yan), will conduct a demonstration in conjunction with their respective affiliated nursing facilities to address several patient care related issues, including but not limited to the following:

- a) identifying the characteristics and unique care needs of the multiply impaired patients;
- b) assessing the reasons why they are difficult to place from hospitals to community based settings including nursing facilities;
- c) evaluating and determining "best treatment" regimens;
- d) developing a training program to assist other hospitals in more effectively placing these patients in community based settings.

Effective November 5, 1998, enhancements to the Medicaid reimbursement rates of one New York City hospital will be provided to enable it to study and analyze several issues pertaining to the care of patients with Huntington's disease. Hospitals have been constrained in formulating discharge planning approaches which will promote appropriate placement of these individuals. The hospital will conduct a demonstration to address several patient care related issues including:

- a) insuring the appropriate placement and use of resources for patients with Huntington's disease;
- b) training staff to manage behavior or promote effective care of the patients with Huntington's disease;
- c) arranging the environment in ways that produce positive outcomes for patients with Huntington's disease; and
- d) maintaining and promoting autonomy and decision making on the part of the patients with Huntington's disease.

Effective January 1, 1999, enhancements to the Medicaid reimbursement rates of selected hospitals will be provided to enable them to study and analyze alternatives to longer term admissions to the hospitals. The Department will study the hospitals' ability to quickly evaluate patients who present at the Emergency Department and place them in a short stay observation unit if deemed eligible, for an observation period not to exceed 23 hours. Selected hospitals will

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Part I

conduct a demonstration to address several patient care related issues including:

- a) the efficacy of utilizing a Short Stay Observation Unit;
- b) the cost-savings of utilizing a Short Stay Observation Unit; and
- c) patient satisfaction, i.e., more comfortable surroundings and a streamlined pathway for evaluation.

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